					roved for use through	17/31/2006. ON	
Under the Paperwor	k Reduction Act of 1	995, no person are require	U.S. Pai to respond to a collec	ction of informa		a valid OMB co	ontrol number.
	<u> </u>	Complete if Known					
Fees pursuant to the Co.	8). Application N	Application Number 10/774,446-Conf			2		
FEE T	Filing Date						
F		First Named Inventor Toshio YAN		AGIWA			
	Examiner Nar	Examiner Name F. F. Jules					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit				
TOTAL AMOUNT OF PAYMENT (\$) 1,690.00		Attorney Dock	Attorney Docket No. 050		0505-1267P		
METHOD OF PAY	MENT (check a	all that apply)					
x Check C	redit Card	Money Order	None Othe	er (please ider	ntify):		
Deposit Account	Deposit Account N	umber: 02-2448 Deposi	Account Name:	Birch, St	ewart, Kolasch	& Birch, LL	P
L, '	·	sit account, the Directo					
	fee(s) indicated	·	<u> </u>		dicated below, ex	cont for the	filing fee
	` '		,	•		cept for the	ming ice
	any additional founder 37 CFR 1.	ee(s) or underpayment 16 and 1.17	of x Cred	dit any overp	payments		
FEE CALCULATION		· · · · · · · · · · · · · · · · · · ·					
1. BASIC FILING, SE	ARCH, AND EX	AMINATION FEES		,			•
	FIL	-	SEARCH FEES		NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	Small Entite (\$) Fee (\$)	Y Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)
Utility	300		00 250	200	100	_	
Design	200	100 10	00 50	130	65		
Plant	200		00 150	160	80		
Reissue	300		00 250	600	300		
Provisional	200	100	0 0	0	0		
2. EXCESS CLAIM F		.00	· ·	v	-	s	mall Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissu	ies)				50	25
Each independent cla	im over 3 (inclu	ding Reissues)				200	100
Multiple dependent c	laims					360	180
Total Claims			e Paid (\$)	<u>N</u>	ıltiple Dependent Claims		
	x =			<u>F</u>	ee (\$) <u>F</u>	ee Paid (\$)	
	E 1 - 01-1	F - (A) F	a Daid (\$)	-		<u>.</u>	•
Indep. Claims	Extra Claims x		e Paid (\$)				
3. APPLICATION SIZ							
		ceed 100 sheets of pag	er (excluding elec	tronically fi	iled sequence or o	computer	
		he application size fee			entity) for each ad	lditional 50	
sheets or fraction	thereof. See 35	5 U.S.C. 41(a)(1)(G) a	nd 37 CFR 1.16(s).			
<u>Total Sheets</u>	Extra Sheets		h additional 50 or f	raction there	of Fee (\$)	Fee Pa	id (\$)
	0 =		(round up to a w	hole number)	× =	·	
4. OTHER FEE(S)	·~ · • • • • • • • • • • • • • • • • • •	0 / 11 / 4 1				Fees Pa	aid (\$)
		fee (no small entity d 1801 Request for c	iscount) ontinued examin	ation (RCF	=) (soo 37	790.	00
Other (e.g., late fi	ling surcharge):	1253 Extension for				900.	
SUBMITTED BA) //						
Signature	- 	-///	Registration No.	28,380	Telephone	(703) 205-	8000
	ies M. Slattery		(Attorney/Agent)		Date	May 9, 20	
Jan (Marype) Jan	W. Glattery		. 0 . 1		v	, 0, 20	
F61		#4	3 <i>36</i> E	*,			•

JMS/CTT/gf